Qualitative Case Review

Southwest Region

Fiscal Year 2003

Preliminary Results

Office of Services Review

February 2003

Executive Summary

- 24 cases were reviewed for the Southwest Region Qualitative Case Review conducted in December 2002.
- **The overall Child Status score was 95.8%, with all but one case reaching an acceptable level. This meets the exit requirement of 85%.** (All results are preliminary until all case stories have been received.)
- Safety scores also reached high levels with 95.8% acceptable cases.
- Even more impressive is that all indicators had positive results: Most indicators had scores above 85%; the remaining three were above 73%. Prospect for Permanency, which was a concern last year with 58.3% of the cases reaching an acceptable level, was at 75% this year.
- **The overall score for System Performance went from 79.2% last year to 87.5% this year and thus meets the exit requirement of 85% set in the Milestone Plan. This is the first region to reach this remarkable result in such a short time.**
- Moreover, most of the System Performance indicators scored in the 80'ies and 90'ies and almost all improved since last year. All but two of the six core indicators reached the exit requirement of 70%. Long-term View and Functional Assessment are the only core indicators that were below 70%, but they too made significant improvements since last year with 54.2% and 66.7% acceptable cases respectively.
- Home-based cases and cases with a permanency goal of "Remain home" scored slightly lower than other cases.
- Another positive finding is that there were only three workers with a caseload of more than 16 cases and no one reported having more than 18 cases. Large caseloads did not seem to have an impact on the results. Employment length also did not seem to have an influence on the results.
- The analysis of individual scores supports Southwest Region's remarkable performance: there are no scores of 1 found on any of the individual system performance indicators, and only few 2's. More than half of the cases (14) reached an overall System Performance score of 5 or more, which stands for substantially acceptable performance. This compares to 7 cases in FY02 and 11 cases in FY01
- Stakeholders report seeing improvements in the DCFS practice and outcomes for children and families. Also, their complaints or wishes are minor and manageable.
- Workers report a good level of support from management and a helpful and effective mentoring process. Also, they have adopted the Practice Model principles as an integral part of conducting their daily business.

Methodology

The Qualitative Case Review was held the week of December 9-13, 2002. Twenty-four open DCFS cases in the Southwest Region were selected and scored. The cases were reviewed by certified reviewers from the Child Welfare Policy and Practice Group (CWPPG), the Office of Services Review (OSR), and the Division of Child and Family Services (DCFS), as well as first time reviewers from DCFS and outside stakeholders. The cases were selected by CWPPG based on a sampling matrix assuring that a representative group of children were reviewed. The sample included children in out-of-home care and families receiving home-based services, such as voluntary and protective supervision and intensive family preservation. Cases were selected to include offices throughout the region.

The information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents, or other guardians, foster parents (when placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. In addition, the child's file, including prior CPS investigations, and other available records were reviewed.

Performance Tables

Preliminary data

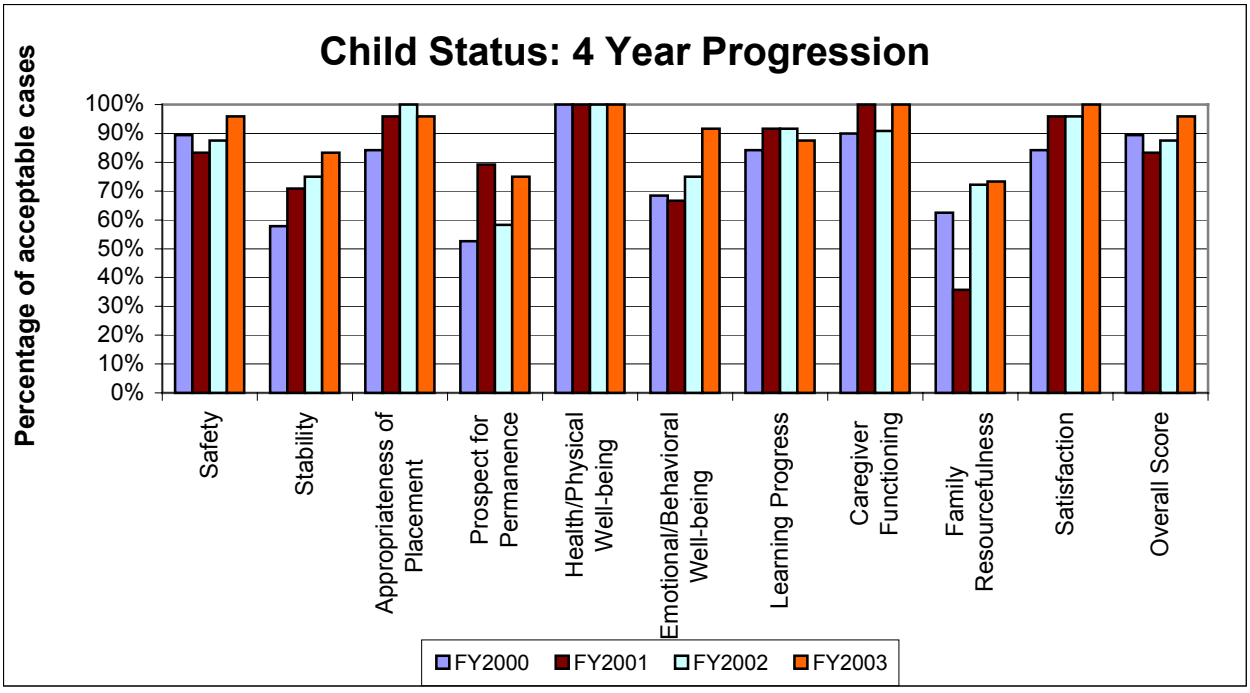
The results in the following tables are based on the scores provided to OSR at the end of the Southwest Region Review. They contain the scores of 24 cases. These results are preliminary only and are subject to change until all reviewers have submitted their case stories.

Southwest Child Status

	# of cases Acceptable	# of cases Needing Improvement	Exit Criteria 85% on overall score	FY00 Baseline Scores	FY01	FY02	FY03 Current Scores
Safety	23	1	95.8%	89.5%	83.3%	87.5%	**95.8%**
Stability	20	4	83.3%	57.9%	70.8%	75.0%	**83.3%**
Appropriateness of Placement	23	1	95.8%	84.2%	95.8%	100.0%	**95.8%**
Prospect for Permanence	18	6	75.0%	52.6%	79.2%	58.3%	**75.0%**
Health/Physical Well-being	24	0	100.0%	100.0%	100.0%	100.0%	**100.0%**
Emotional/Behavioral Well-being	22	2	91.7%	68.4%	66.7%	75.0%	**91.7%**
Learning Progress	21	3	87.5%	84.2%	91.7%	91.7%	**87.5%**
Caregiver Functioning	15	0	100.0%	90.0%	100.0%	90.9%	**100.0%**
Family Resourcefulness	11	4	73.3%	62.5%	35.7%	72.2%	**73.3%**
Satisfaction	24	0	100.0%	84.2%	95.8%	95.8%	**100.0%**
Overall Score	**23**	**1**	95.8%	**89.5%**	**83.3%**	**87.5%**	**95.8%** 1)

0% 20% 40% 60% 80% 100%

1) *This score reflects the percent of cases that had an overall acceptable Child Status score. It is not an average of FY03 current scores.*



Note: these scores are preliminary and subject to change

Statistical Analysis of Child Status Results:

The overall Child Status score was 95.8%, with all but one case reaching an acceptable level. This meets the exit requirement of 85% and is even higher than last year's already positive score of 87.5%.

Safety was also high with 95.8% acceptable cases. That's only one case with safety concerns.

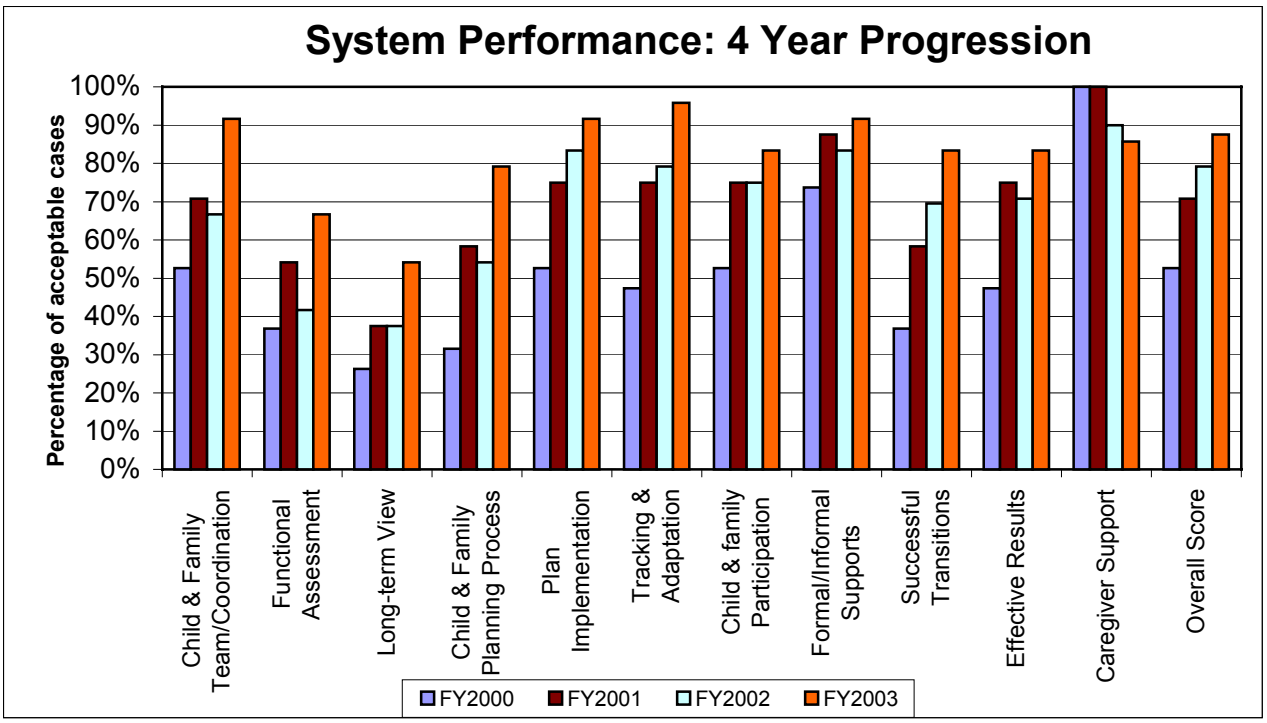
Even more impressive is that all indicators had good results: Safety, Appropriateness of Placement, Health/Physical Well-being, Emotional/Behavioral Well-being, Learning Progress, Caregiver Functioning (that's the functioning of substitute caregivers, such as foster parents), and Satisfaction were all above 85%. Only slightly below was Stability, with 83.3%. Prospects for Permanency improved significantly from last year and went from 58.3% to 75%. Family Functioning and Resourcefulness stayed about the same at 73.3%, which is quite good. 100% on Satisfaction indicates a strong commitment from staff to make sure that the clients are content with the services received.

Southwest System Performance

	# of cases Acceptable	# of cases Needing Improvement	Exit Criteria 70% on **Shaded** indicators Exit Criteria 85% on overall score	FY00 Baseline Scores	FY01	FY02	**FY03 Current Scores**
Child & Family Team/Coordination	22	2	91.7%	52.6%	70.8%	66.7%	**91.7%**
Functional Assessment	16	8	66.7%	36.8%	54.2%	41.7%	**66.7%**
Long-term View	13	11	54.2%	26.3%	37.5%	37.5%	**54.2%**
Child & Family Planning Process	19	5	79.2%	31.6%	58.3%	54.2%	**79.2%**
Plan Implementation	22	2	91.7%	52.6%	75.0%	83.3%	**91.7%**
Tracking & Adaptation	23	1	95.8%	47.4%	75.0%	79.2%	**95.8%**
Child & family Participation	20	4	83.3%	52.6%	75.0%	75.0%	**83.3%**
Formal/Informal Supports	21	3	87.5%	73.7%	87.5%	83.3%	**87.5%**
Successful Transitions	20	4	83.3%	36.8%	58.3%	69.6%	**83.3%**
Effective Results	20	4	83.3%	47.4%	75.0%	70.8%	**83.3%**
Caregiver Support	12	2	85.7%	100.0%	100.0%	90.0%	**85.7%**
Overall Score	**21**	**3**	87.5%	**52.6%**	**70.8%**	**79.2%**	**87.5%** *1)*

0% 20% 40% 60% 80% 100%

1) This score reflects the percent of cases that had an overall acceptable System Performance score. It is not an average of FY03 current scores.



Note: these scores are preliminary and subject to change

Statistical Analysis of System Performance Results:

The overall score for System Performance went from 79.2% last year to 87.5% this year and thus meets the exit requirement of 85% set in the Milestone Plan. This is the first region to reach this remarkable result in such a short time.

Moreover, most of the System Performance indicators scored very high, in the 80'ies and 90'ies and almost all improved since last year. Remarkable results were obtained on Child and Family Team and Coordination (which went from 66.7 to 91.7%), Plan Implementation (also at 91.7%), Tracking and Adaptation (95.8%), Child and Family Participation (83.3%), Formal and Informal Supports and Services (87.5%), Successful Transitions (83.3%), Effective Results (83.3%), and Caregiver Support (85.7%). Planning Process also took a big leap with 79.2%, compared to 54.2% last year.

All but two of the six core indicators reached the exit requirement of 70%. Long-term View made significant improvements over last year with 54.2% acceptable cases, compared to 37.5% last year, and so did Functional Assessment, which went from 41.7% to 66.7%, but they just fall short of the exit standard set at 70%.

Additional Analysis:

The analysis of individual scores supports Southwest Region's remarkable performance:

- There are no scores of 1 found on any of the individual system performance indicators, and only six 2's (on a total of 264 individual System Performance scores).
- The three cases that didn't reach an acceptable level on System Performance had an overall score of 3, which stands for partially unacceptable, none of the cases scored below.
- In addition, more than half of the cases (14) reached an Overall System Performance score of 5 or more, which stands for substantially acceptable performance.

ANALYSIS OF DATA

Since only three cases obtained partially unacceptable results on Overall System Performance and only one case on Overall Child Status, the analysis of the results by case types, target child, and caseworker does not have much relevance. That's why, in some instances, OSR looked at the average of the scores achieved for each category of results.

RESULTS BY CASE TYPE AND PERMANENCY GOALS

Foster care cases scored slightly better, than home-based cases. 14 out of 15 foster care cases had an acceptable overall System Performance (that's 93%), while seven of the nine home-based cases passed (78%). The one foster care cases that didn't reach an acceptable level, was a home-based case until a few weeks before the review. In other words, the three cases that scored below acceptable levels are or were home-based cases until recently. The scores on these three cases show weaknesses in the areas of assessment, teaming, and long-term view.

In addition, if we take the average of the overall System Performance scores, foster care cases again reach a higher average, than the home-based cases. The same trend is seen if we take an average of all the individual indicators for both case types.

It is also worth pointing out that there was only one voluntary case (PSC) in the sample and it is among the three cases that performed below acceptable levels.

Case Type	# in sample	# Acceptable System Performance	% Acceptable System Performance	Average Overall System Perform. Score
Foster Care	15	14	93%	4.8
Home-based	9	7	78%	4.3

The Overall System Performance results by Permanency Goal indicate that two of the three cases with concerning performance had a goal of remain home. The other one had a goal of adoption.

If we take an average of the Overall System Performance score for each group of permanency goals, we see, again, that the cases with a goal of "Remain home" performed less well than the cases with other goals, on average.

Goal	# in sample	# Acceptable System Performance	% Acceptable System Performance	Average Overall System Perform. Score
Adoption	3	2	67%	4.7
Independent Living	4	4	100%	5
Permanent Foster Care	3	3	100%	5
Remain Home	8	6	75%	4.3
Return Home	6	6	100%	4.7

RESULTS BY AGE OF TARGET CHILD

The comparison of the results for cases with older and younger children doesn't show any differences on the Overall System Performance scores. On the Child Status side the one case that scored below the acceptable level was a cases with an older child.

RESULTS BY CASEWORKER DEMOGRAPHICS

Large caseloads, in this review, didn't seem to have an impact on the results. The other positive finding is that there were only three workers with a caseload of more than 16 cases, and no one reported having more than 18 cases on their caseload. These three workers with a fairly large caseload had cases that passed the QCR. The three caseworkers whose case did not perform to expected levels indicated that they had caseloads of 13, 14, and 16 cases.

Of the 24 caseworkers who provided information about employment length five were new workers with less than a year work experience. All others have been working for DCFS for more than a year. These five workers had cases that scored on an acceptable level on System Performance and Child Status. In other words, being relatively new in this job did not seem to have a negative impact on the results.

RESULTS BY OFFICES AND SUPERVISORS

The following table displays the overall case results by office and supervisors. Again, because only three cases had lower than expected results, it is impossible to make significant statements. Two of these cases came from the St George office, the other one from the Kanab office. Since this was the only case from Kanab, it is not possible to pronounce an opinion on this office based on one case alone. And the St George office had nine other cases that performed well.

The results by supervisors show that no supervisors had more than one case scoring on an unacceptable level and several had only acceptable cases on their teams. So, again no particular supervisor raises concerns. If we take an average of all Overall System

Performance scores, the St George comes out with a slightly lower score average than the remaining offices. But again, this should be balanced with the fact that there were several cases in St George with an overall score of 5 and even 6.

Case#	Office	Supervisor	Overall Child Status		Overall System Performance		Overall System Performance by Office	Overall System Performance by Supervisor	
03SW05	Beaver	Destry Maycock	6	Acceptable	5	Acceptable	2 Acceptable	Destry Maycock	2 Acceptable
03SW20	Beaver	Destry Maycock	5	Acceptable	6	Acceptable	100%		1 Unacceptable
03SW15	Kanab	Destry Maycock	3	Unacceptable	3	Unacceptable	0 Acceptable		
							0%		
03SW01	Cedar City	Don Anderson	5	Acceptable	5	Acceptable	4 Acceptable	Don Anderson	4 Acceptable
03SW06	Cedar City	Don Anderson	6	Acceptable	6	Acceptable	100%		0 Unacceptable
03SW17	Cedar City	Don Anderson	5	Acceptable	5	Acceptable			
03SW18	Cedar City	Don Anderson	5	Acceptable	4	Acceptable			
03SW08	Manti	Valorie Johnson	5	Acceptable	5	Acceptable	3 Acceptable	Valorie Johnson	3 Acceptable
03SW12	Manti	Valorie Johnson	4	Acceptable	4	Acceptable	100%		0 Unacceptable
03SW19	Manti	Valorie Johnson	5	Acceptable	5	Acceptable			
03SW03	Richfield	Bruce Zylks	6	Acceptable	5	Acceptable	3 Acceptable	Bruce Zylks	3 Acceptable
03SW11	Richfield	Bruce Zylks	4	Acceptable	5	Acceptable	100%		0 Unacceptable
03SW13	Richfield	Bruce Zylks	6	Acceptable	5	Acceptable			
03SW02	St. George	Robert Johnson	4	Acceptable	4	Acceptable	9 Acceptable	Robert Johnson	8 Acceptable
03SW04	St. George	Robert Johnson	5	Acceptable	5	Acceptable	82%		1 Unacceptable
03SW07	St. George	Robert Johnson	5	Acceptable	5	Acceptable		Ted Walker	1 Acceptable
03SW09	St. George	Robert Johnson	6	Acceptable	6	Acceptable			1 Unacceptable
03SW10	St. George	Robert Johnson	5	Acceptable	4	Acceptable			
03SW14	St. George	Robert Johnson	5	Acceptable	5	Acceptable			
03SW16	St. George	Robert Johnson	5	Acceptable	4	Acceptable			
03SW22	St. George	Robert Johnson	5	Acceptable	3	Unacceptable			
03SW23	St. George	Robert Johnson	5	Acceptable	4	Acceptable			
03SW21	St. George	Ted Walker	5	Acceptable	5	Acceptable			
03SW24	St. George	Ted Walker	4	Acceptable	3	Unacceptable			

Content Analysis

OSR took a look at the three cases that did not reach an acceptable level on System Performance, as well as a number of other cases that were just minimally acceptable, to identify some of the practice issues and system's barriers that can be addressed (see appendix 1 for details). The issues that leave room for improvement include:

MH services:

While the majority of the reviewers report no concerns regarding the quality and effectiveness of mental health services, and in some cases even excellent coordination and quality of services resulting in good outcomes, there are several cases that raise concerns. Most of the issues raised have to do with the quality of treatment and the communication with the providers of mental health services. The concerns included:

- therapist knew very little about the child and his/her family,
- lack of communication with the family and the agency,
- goal and rational for therapy are unclear or not matched to the need,
- therapy is non sex-specific; even though child is victim and perpetrator of sexual abuse, other victims of sexual abuse in the home don't receive any treatment.

There were a few other cases that overall scored on an acceptable level on System Performance, but had concerns regarding the therapy. The concerns were about:

- the competency of the provider,
- a lack of involvement of the therapist on the team,
- therapy focused on behavioral modification, at the expense of addressing emotional needs and underlying problems.

Recommendation: It's not easy to formulate a clear recommendation to address this issue. As consumers of mental health services it is important that DCFS staff and management regularly track effectiveness and progress of treatments purchased or requested by the agency. Maybe, there needs to be a built-in prompt or trigger in the system to insure that mental health treatments are reviewed regularly. In some instances, caseworkers need the help of people with expertise, such as clinical consultants, to make sure that the treatment meets the client's needs. Such a review of progress must include a comparison of the needs, as described in the functional assessment, with the results of the treatment, as described by the provider and the client. Of course, this requires that the functional assessment provides a clear understanding of the treatment needs. And the quality of the functional assessment was an issue on all the cases that raised concerns about the mental health services. Another suggestion is to insist on the participation of mental health service providers on the team. One of the requests of the therapists is to receive more advanced notice to attend family team meetings.

Functional Assessment:

Two thirds of the cases obtained acceptable scores on this indicator and more than a third of the cases even had substantially acceptable scores, including some 6's. This means that the region as a whole has the expertise necessary to assist workers who are still struggling with this task. However, in all of the cases with lower than expected results the reviewers identified problems with the functional assessment as one of the major concerns. The problems included:

- The family's history is missing; as a result information about the parent's ability to function adequately and successfully in the long-run and keep children safe is not available. Parents' ability to function may require a formal assessment.
- Underlying conditions/causes not identified, as a result treatment focuses on superficial symptoms or is not matched to needs.
- School's information about child not gathered for assessment purposes.
- Transitions: Information to achieve successful transitions is not updated/included.
- In some cases a formal assessment (psychological or educational) is needed.

Recommendation: Again, this may be an area that is best addressed by making sure that management reviews functional assessments with the case worker, using the question: "Do we know enough to achieve the goal successfully?"[1] Reviewing existing functional assessments in staff meetings, with the supervisor, or with clinical consultants and trainers may be a more useful exercise, than sending workers to another generic training on functional assessments. Making sure that the team (including the schools and the therapists) and the family are used in the assessment process is another step that will improve the quality of the functional assessments. Obviously this region has enough expertise in its staff to provide the support for those workers who need assistance in improving their assessment information gathering and conclusion drawing process.

Long-term View/Transitions/Planning:

Most of the issues around long-term view can be linked to inadequate functional assessments, as observed on the cases with lower overall scores. If the functional assessment lacks important information about family/child functioning, resources (formal and informal), service needs, or fails to identify underlying issues, then it will be difficult to come up with a good plan to insure long-term success for the family and independence from child welfare. Transitions is another area that impacted long-term view: There were upcoming transitions in these cases, such as case closure, reunification of a family member, adoption, and school transitions, which had not received the necessary preparation. Finally, reviewers mentioned that the plans did not provide guidance to achieve long-term goals or prepare for transitions, that were cookie-cutter, non-specific, and most concerning of all, had been prepared without the participation of the family.

[1] I believe that George Taylor uses the following question, with variations: "Do we know enough to do what we're about to do/ to do what needs to be done/ to close the case and keep this family independent from child welfare services, etc.…"

Recommendation: As with the functional assessment, management can provide support to staff by regularly reviewing child and family plans and asking whether these plans provide the necessary guidance to the family and the agency to achieve short- and long-term goals and upcoming transitions.

Summary of Interviews with Community Stakeholders and Focus Groups with DCFS Staff
Southwest Region QCR FY2003

Community stakeholders interviewed as part of the review process of the Southwest Region included: Brent Demille: Southwest Center Youth Services, St George; Randy Soderquist, Frontier Project, St George; Cami Horton, SW Health Care Coordinator, Cedar City; Tracy Johnson, Family Facilitator Coordinator, Cedar City; Jody Edwards, Detective, Cedar City; Brad Hunter, ABLE; Marylee Harrison, New Horizons, Richfield; Brian Whipple, Central Utah Counseling, Ephraim. In addition, interviews were conducted with DCFS regional management and training team, and focus groups were held with DCFS staff in the St George, Beaver, and Richfield offices.

Strengths:

- Staff really believes that the Practice Model is the way to do social work, that it produces better results, and that it can shorten the time DCFS has to be involved in a family's life. Since last year they have had time to perfect their skills and gain experience. Workers believe that the recent reduction of open cases and recidivism could be the result of applying the P.M. principles.
- Staff feel supported by their co-workers and by management / supervisors. Good teams help each other out, mentor each other; office techs and assistant caseworkers are a great support to workers.
- Teaming: Building teams around a family is the norm in all cases, child and family team meetings are being held on a regular basis. Management has helped staff to better understand the concepts of teaming, long-term vie w and functional assessment.
- There has been a shift from focusing on compliance with policy to focus on best practice and outcomes for families.
- Training: workers completed P.M. training; there is a clear plan for continued P.M. training for new workers.
- Mentoring: It's really happening. New workers are not given a caseload at the beginning so they can be trained and sent out to observe other experienced workers. They really appreciate this and feel ready when taking on cases.
- Stakeholders are very complimentary of the quality and professionalism of DCFS caseworkers, have seen improvements over the years, believe that workers really care about families and committed to their work, that they are approachable, responsive, etc. They see them using a strength-based approach with families. Compliments were made for quick response and good investigations in CPS. Manti team received high compliments in spite of the turbulent times they went through in the last year.
- Community partners in this region know about and appreciate child and family teams and the benefits of this approach. They also appreciate being involved in weekly office staffings to go over new CPS cases and other cases. Special kudos for school staff for participating in child and family team meetings and providing good support to children.

- Good transitions from CPS to SCF/in-home services: On-going worker often accompanies CPS worker, first child and family team meetings held while CPS is still open.
- There is a lot of creativity to overcome some of the resource shortages; management finds ways to come up with funds and grants to meet the clients' needs and to bridge the loss of prevention services (FACT, LIC), also to overcome the cuts in the DCFS budget. Flex funds are being used carefully to meet families' needs; staff know about flexible funds and seem to be able to come up with the necessary money for families. But money may run out by Feb. 2003.
- Reviewers and staff report seeing some improvements in the delivery of MH services and cooperation between DCFS and MH in the northern part of the region.
- There is a group consisting of Licensing, Foster Care Foundation, DCFS, and resource family consultant to address recruitment and retention of foster parents and to better meet their needs.
- The new health care coordinator makes sure that children's medical, dental, and mental health needs are met, is close to the caseworkers and is a resource and support for to them.
- Good community and internal resources, such as vocational training, for teenagers in Independent Living and transitioning out of it.
- CJC office is about to start in Cedar City.

Barriers:

- Effect of budget cuts: Workers and teams are spending more time to come up with resources and supports for the families, now that LIC and FACT money has disappeared. The loss of the prevention work does not yet seem to have serious consequences, but people anticipate that it will have an impact. There seems to be an increase of CPS referrals as of late.
- Both staff and stakeholders believe that it's critical to find ways to keep good workers. Turnover, especially of good workers, is disappointing to stakeholders.
- Resource needs: Prevention work done in the past by FACT, more dentists willing to take Medicaid, more foster homes, particularly in some areas, low-cost MH-services for parents, a crisis center for ungovernable youth, agency to supervise visits between children and parents in St George, peer parenting services in Manti area, a CJC in Richfield (it's in the making), schools in Richfield area need to address the special education needs of children impacted by behavioral problems. Treatment for perpetrators of sexual abuse and domestic violence in the northern counties, more MH providers in the St George area.
- Build communities that are more accepting of families in need of MH and child welfare services. In rural areas there is still a big stigma against these families, which makes it hard for them to tap into their communities for support. Also, there is still a big stigma against DCFS workers: More PR work needed for the agency.
- Find ways to unify multiple plans from various agencies into one plan for the family.
- Need better cooperation from DSPD to get services for children.

- In general, staff would like to see mental health workers participate more often in family team meetings. MH providers, on their side, would like to have more advanced notice for team meetings. DCFS needs to stay at the table with Mental Health to hammer out problems. In the northern part of the region staff would like to see MH service use a more systemic, family centered, wrap-around approach, rather than just individual counseling.
- Some assessments are still “deficit-based” and so are the services offered as a result.
- Law enforcement in the Manti area needs to do a better job in investigations of sex abuse.

Exit Conference, December 13, 2002
Flip chart notes

Strengths

- Teaming: Saw real child and family team meetings, where parents had an active voice and were developing good plans. Parents had ownership of the team. Teaming starting very early.
- Staff are understanding the sequencing of Practice Model principles: team, functional assessment, plan.
- Staff are very strength-based in working with families. They identify meaningful strengths of families for planning.
- Families like their workers and feel supported by them.
- Partners are recognizing the value of the teaming process. Good efforts to reach out to team members and to communicate with each other, able to make decisions and feel listened to.
- Informal supports are part of the team.
- Ability to stop and revaluate effectiveness of interventions and plans.
- Saw good examples of crisis interventions by the team.
- Good skills to work with very challenging cases and overcome hostility, work with disagreements in the team.
- There is an attitude across the region to believe that the Practice Model is the best way to do social work. There is an identity that this is the way we do business here.
- Creativity to find solutions, teams willing to listen to ideas (no idea too wild), wise use of flexible funding.
- Mentoring of new workers is very strong and working well. New workers start right away using the Practice Model.
- Schools: committed to address children's special needs in the least restrictive setting possible, such as one-on-one tracker.
- Also, timely decision-making.
- Better focus on Long-term View by the team.

Improvement Opportunities

- In some cases the team finds it difficult to prevent some individual members to dominate the decision-making. Need to insure that the team remains focused on the strengths and needs of the family.
- Child and family plans: In some cases they do not reflect the work done by the team. The team minutes are sometimes more meaningful for the planning than the plan itself. Find ways to attach that to the plan.
- Teaming and engaging needed to start sooner in some cases.
- Teaming is a process; the child and family team meeting is an event.
- More flexibility of time and location of meetings.
- Functional Assessment: In some cases need more active efforts to obtain more background information and to identify underlying needs. Teams need to be the driving force behind the functional assessment and accountable to address the children's needs. "Do we know enough to do what we are about to do?"
- Long-term view: In some cases it was not clear what it would take to maintain the family functioning once the cases are closed. There is a goal, but not always the steps to get there.

RECOMMENDATIONS

Based on the findings of the case review and stakeholder interviews

- Continue doing what you are doing, since it produced positive results, the best in the state so far. Strong support of front-line staff by management, effective and carefully planned mentoring of new and experienced staff, conscientious implementation of the Practice Model training, and a clear message to staff that the Practice Model is the best and only way to do child welfare work: All this has proven to produce positive outcomes.

The following recommendations are intended to refine an already well working system:

- As consumers of mental health services it is important that DCFS staff and management regularly track effectiveness and progress of treatments purchased or requested by the agency. A regular review of mental health treatments, using the expertise of clinical consultants or other experts when necessary, should insure that the client's needs are met. In addition, encourage mental health service providers to actively participate on the child and family team. To accommodate their wishes try to provide them with enough advanced notice to attend family team meetings.

- Functional Assessment: Management should go over functional assessments with staff using the question: "Do we know enough to achieve the goal successfully?" Making sure that the team (including the schools and the therapists) and the family are used in the assessment process is another step that will improve the quality of the functional assessments.

- Child and Family Plans: As with the functional assessment, management can provide support to staff by regularly reviewing child and family plans and making sure these plans provide the necessary guidance to the family and the team to achieve short- and long-term goals and upcoming transitions.

- Long-term View should automatically improve if the previous two recommendations are followed. In addition, including long-term view questions any time a case is reviewed, whether in staffings, with the supervisor, with the child and family team, and especially before closing the case, should insure that the long-term focus of a case is not lost.

- Home-based cases: While there are more review mechanisms built in the system for foster care cases, home based services sometimes lack a rigorous look at outcomes. Making sure that home-based cases are regularly reviewed by management in terms of "Is the family engaged and cooperative?" "Do we know where we're going and what is needed to get there?" and "Are we making progress toward our long-term goals?" should help improve results for this type of cases.

APPENDIX

APPENDIX 1

Content Analysis of cases with scores below or barely above the acceptable level on System Performance

SW-24 (PSS): Children get their basic needs met and are minimally safe, but…

- Funct. Assessment: did not sufficiently identify or address underlying conditions. Not part of the f.a. is Mom's history, which provides clues about her behavior and problems. Also, partners concerned about mom's ability to function and care for children. Intervention focused on symptoms, not on underlying problems.
- LTV/Transitions: Case scheduled to closed soon, but family is in an important transition period, (family moved away from supportive kin, mom has new and "concerning" boyfriend, children have new therapist): no transition plan, don't know what family needs to know and do to be successful in the long-run: all this seems to affect school performance of child and emotional WB. Relatives concerned about case closing soon.
- Supports and services are currently insufficient to help family in the long-run. Referral for peer parenting, but had not begun yet.
- The current therapist knew very little about this family and there appears to be a disconnect between him and the caseworker at this point. Team is unclear about rational and nature of therapy.
- Plan: measures results by what is not occurring: "There will be no more referrals of abuse and neglect."
- Team acceptable, but need to include the teacher and new therapist.

SW-22 (SCF, was a PSS case until a few weeks before the review): child placed with the ex-foster-parents of the child's mother. Went from PSC to SCF to help them get subsidies, now foster parents feel mislead.

- Foster parents made to jump through hoops, instead of treated as a valuable partner.
- Funct. Assessment: is subst. unacceptable, child's and foster-parents' history missing (need to read old files re: foster p.), underlying conditions too, info of school missing.
- Therapist seems to have no knowledge of kid, has no expertise in dealing with sexual reactivity, limited contact with child and family. MH services not matched to need nor competently delivered.
- Plan/Participation: plan is cookie-cutter, non-specific, taken to foster parent for signature. Foster parent refused to sign it. No clear path to achieve goal of adoption. Team not involved in developing plan.
- School had no information about permanency plans for the child, have not been an active part of the team, and not contributed to assessment process.
- LTV: No common vision of how to achieve adoption/guardianship and obtaining subsidies for foster parents.
- Team: fragmented and lack of coordination. Need family team meetings at points of change in goals, meetings need to be more purposeful and members should have adequate preparation. School and therapist not involved in team.

SW-15 (PSC): Girl (14, sex. perp. and victim) and her family receiving in-home services.

- MH services: Target child receives therapy that is not sex-specific (DCFS didn't require it). No psychosexual assessment completed on target child. Also, older brother, who now is in residential treatment, was provided non sex-specific therapy before removal. The victim of sex. abuse (by two siblings) receives no MH services.
- Safety concern: Safety Plan was done, but not clear to everyone. Target child not supposed to be alone with younger siblings, yet she shares a bedroom with them, unknown to DCFS and therapist. Also, Mom unable to supervise and protect children, sex. abuse not taken seriously enough. No MH assessment on parents.
- Team: Brother's therapist not part of the team but has important information. He was invited to team meeting, but didn't attend.
- Participation: Dad feels attacked and dumped on by DCFS, not invited to team meetings.
- Functional Assessment: No assessment of baseline information on which to measure progress. How do we know what services are needed and if they produce expected results? Lost focus of why we are even involved. Not enough understanding of target child's needs and what will keep kids safe. Too little is known about family functioning, esp. mother's ability to supervise and be there for kids. Paper in the file is incomplete, inaccurate and not based on clinical evaluations. Transition: Little information available to transition father back to the family, but it's next transition identified by DCFS.
- Plan: plan is too generic. Mother sees it as the agency's plan, didn't feel like she had input, she was asked to sign it. Plan does not reflect LTV. Strengths = availability of services.
- Team: regular staffings. But team is not used to gather assessment information, identify needs, seek direction of services and obtain input from family on developing plan. Meetings had no impact on planning and assessment and no indication of preparation of participants

SW-02 (SCF, was PSS until a few months ago): Boy (15) in structured SCF with goal to go home to his dad in Oregon.

- Funct. Asses.: More of a social summary than a foundation for better understanding of family and their need of services. Since goal has shifted toward permanency with dad, need more info on dad and his family. But no ICPC request made to obtain home study.
- Transition: Child about to be transitioned back to regular school, after having serious truancy problems, yet no clear plan yet, no meeting to achieve success.
- Participation: Agency and AAG have an adversarial and very punitive attitude towards mom, may have rather driven her away. Meetings focused on mom's non-compliance with service plan.
- MH services: Therapy twice month lacks clear focus, especially now that permanency goal has changed. Therapy needs now to address move to dads.
- Teaming: meetings held in St George, but limits the participation of school and therapist, as they are in Cedar City. Alternative school program has very limited communication with DCFS. Youth has failing grades in all his classes.